

Docket No: HOLZ-102

## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## A COMPACT MECHANISM FOR RETRIEVAL OF A TOWED BODY FROM MOVING VEHICLES

the specification	of which						• • •	
(check one)	[X] is attached hereto [ ] was filed on and was amended	as Application Serial N on (if applicable)	0:			_		
I hereby state tha referred to above		derstand the contents of the ab	pove identified specification,	including the cl	laims, as an	nended by a	ny amendment	
I acknowledge th Regulations, §1.5		mation which is material to the	he examination of this appli	cation in accord	dance with	Title 37, Co	ode of Federa	
I hereby claim fo	oreign priority benefits un	der Title 35, United States Co	ode, §119 (a) - (d) of any for	eign application	(s) for pate	nt or invent	or's certificate	
listed below and	have also identified belo	w any foreign application for						
on which priority is claimed:  Prior Foreign Application(s)						Priority Claimed		
6441 6443		•			[ ]	[ ]		
(NUMBER)		(COUNTRY)	(DAY/MONTH/YEAR	FILED)	YES	NO ·		
15 to 1					[]	[ ]	•	
(NUMBER)	)	(COUNTRY)	(DAY/MONTH/YEAR	FILED)	YES	NO		
I hereby claim th	e benefit under 35 U.S.C	. §119(e) of United States app	lication(s) listed below:		•			
(PROVICIONAL	APPLICATION NO.)	(EU DIC DATE)	<del></del> .			.*	• .	
(PKD VISIONAL A	APPLICATION NO.)	(FILING DATE)						
and the national of N/A  (APPLICATION	or PCT international filin	7, Code of Federal Regulation g date of this application:  (FILING DATE)	(STATUS) (PATENTE	•				
(MTEICATION	SERVE NO.)	(FILING DATE)	(STATOS) (TATENTE		JANDONLI	<i>,</i>		
(APPLICATION	SERIAL NO.)	(FILING DATE)	(STATUS) (PATENTE	D, PENDING, AI	BANDONEI	D)	•	
If more space is r	needed for any of the abo	ve categories, please continue	on an additional form and S	IGN.		· ·		
I HERERY APPO	INT THE FOLLOWING A	S MY ATTORNEY OR AGENT	(S) WITH FULL POWER OF	URSTITITION	TO PROSE	CUTE THIS	APPLICATION	
	ALL BUSINESS IN THE F	ATENT OFFICE CONNECTED	THEREWITH:	JOBSTITOTION	•		ATTEICATION	
Name Robert K. Tend	Reg. No. ler 24,581	Name Reg	g. No. Name		Reg. N	o.		
SEND CORRESPO NAME	ONDENCE TO: PHON	E NO STREE	ET CITY & S	TATE	7	IP CODE	•	
Robert K. Tend			Avenue Bostoń,	MA		02110		
I hereby declare	that all statements made	herein of my own knowledge	are true and that all statemer	its made on info				
true; and further	that these statements w	ere made with the knowledg 1 of Title 18 of the United Sta	ge that willful false statement	nts and the like	so made	are punisha	ole by fine or	
	y patent issued thereon.	1 of Title 18 of the Office Six	ites code and that such with	ui taise stateme	ins may jec	pardize tile	. variouty of the	
Full name of sole	or first inventor Th	nomas Holzel					· 	
Inventor's Signat						3		
Residence:			Country of Citizenship:	<u>U.S</u> .A.				
Mailing Address:	308 Commonwealth A	ve., Apt. 2C, Boston, MA 02						
					•			